

Client and Stakeholder Feedback Management

Document Type:	Procedure	Department:	Quality, Risk and Strategy
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1. Purpose

The purpose of this procedure is to outline the process for managing client and stakeholder feedback.

2. Scope

This procedure applies to all clients, residents and their circles of support, employees, contractors, volunteers and visitors, collectively referred to as stakeholders.

3. Definitions

Advocate means a person who publicly supports another person. An advocate is someone who:

- Acts on a client's instructions
- Supports and encourages the client
- Speaks on the client's behalf to promote the client's ideas and interests.

An advocate can be a relative, carer, friend, neighbour or from an advocacy service.

Client is the term used to identify people with disability receiving supports under the NDIS, aged care consumer (including residents) or self-funded fee for service arrangements.

Complaint is an expression or statement of dissatisfaction. A complaint may be written or verbal. Complaints can be grouped into the following three categories:

- Informal complaints;
- Formal complaints that require investigation; and
- External or unresolved complaints.

Complainant is a person who makes a complaint or expression of concern regarding any aspect of a service provided by Samarinda.

Compliment: An expression or statement of satisfaction made by or on behalf of a Samarinda client. A compliment may be written or verbal.

Feedback is information provided by a client, stakeholder or community member in relation to Samarinda and may be in the form of written or verbal compliments, complaints, enquiries and suggestions.

Investigator means an appropriately trained Samarinda employee or externally contracted consultant responsible for gathering information regarding the complaint. The investigator could also mean a person responsible for looking into the complaint further and responding to the complainant.

Natural justice also referred to as procedural fairness is a legal requirement that applies to administrative decision-making. It imposes a code of procedure to ensure that decision-making is fair and reasonable. Whether a decision complies with natural justice depends



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not on whether the decision itself was fair and reasonable, but on whether a fair and proper procedure was followed in making the decision.

Point of Service refers to the area of Samarinda where the client is interacting with staff.

Prolific or vexatious complainant is a person who consistently displays a pattern of unreasonable requests despite a full investigation of their original complaint.

Resident means a person residing at Samarinda's residential care facility including respite care.

Suggestion is a recommendation to improve any aspect of a service or product. It may be part of a compliment or complaint but may also be offered as standalone information.

4. Procedure

4.1 Level of complaint handling

4.1.1 Informal complaint

This relates to complaints provided at the point of service that can be dealt with promptly by the appropriate staff member or their direct line supervisor without requiring escalation and where local resolution is appropriate.

An informal complaint does not need to be formally documented, however the Quality Risk Strategy department should be informed so that they can trend issues and identify improvement opportunities.

4.1.2 Formal complaint

This relates to more serious and / or complex matters. It may be feedback that could not be resolved at the point of service and requires escalation to a direct line supervisor or next in line manager.

Formal complaints may be lodged by:

- Talking with a staff member or direct line supervisor who can assist the complainant to write up the formal complaint;
- Emailing quality@saas.org.au; or
- Lodging the complaint in the feedback box located in the reception area.

Complaints about the CEO can be made to the Chair of the Samarinda Board or via the options listed above.

Formal complaints can be made anonymously. A complainant can ask a staff member or someone from their support network to assist with making the complaint on their behalf.

If a client or family member believes that there is unlawful and or serious misconduct going on and do not want to use the formal complaints mechanism, they are also able to use the

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Whistleblower process.

4.1.3 External or Unresolved Complaints

Where a complaint has not been able to be resolved satisfactorily with the complainant, an option of referring the complaint to an external body will be discussed with the complainant.

At any time, clients, their families, advocates or support network are able to make complaints directly to:

- The NDIS Quality and Safeguards Commission by phoning 1800 03 55 44 or emailing contactcentre@ndiscommission.gov.au for complaints relating to Samarinda's disability services.
- The Aged Care Quality and Safety Commission by phoning 1800 951 822 or emailing info@agedcarequality.gov.au for complaints relating to Samarinda's aged care services; or
- The Victorian Ombudsman by phoning (03) 9613 6222 or online at <https://www.ombudsman.vic.gov.au/complaints/>

Samarinda will work with the Commission and / or Ombudsman to provide information, advice and assistance and where possible to work towards a mutually agreed resolution with the complainant affected by the issue.

On occasion complaints may be directly referred to Samarinda for investigation by an external body.

4.2 Management of Compliments

There are three steps to managing compliments:

1. **Acknowledge:** Compliments are acknowledged by the person receiving the compliment as soon as possible. They may be acknowledged face-to-face or over the phone, or it may be appropriate to provide written acknowledgement.
2. **Distribute:** Compliments are encouraged to be shared with the relevant managers and staff members.
3. **Implementation:** Compliments can be used to further improve quality of care and services.

4.3 Management of Complaints

Complaints should include as much detail as possible including:

- What happened;
- Where it happened;
- Date and time;
- Who was involved;

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- Details of witnesses; and
- What the desired outcome is.

4.3.1 Verbal complaints

Verbal complaints may be received over the phone or via face-to-face.

The person receiving the complaint should attempt to resolve it at the time that it is received or as soon as possible. A verbal complaint may need to be documented and forwarded to quality@saas.org.au and / or escalated to a direct line supervisor.

4.3.2 Written complaints

These complaints can take the form of a letter or feedback form delivered via the feedback box, in person or via email to quality@saas.org.au addressed to the direct line manager or relevant executive. Feedback may also be submitted via the 'Contact' page on Samarinda's website Samarinda.org.au/contact.

4.4 Five steps of complaint management

Complaints will be managed using the following steps:

1. Acceptance and acknowledgement.

The person receiving the complaint should as soon as possible confirm with the complainant that their feedback has been received. This will be done verbally via a phone call and / or in writing.

Inform the complainant of:

- Their right to an advocate / support person and/or interpreter;
- Stages of complaints handling and decision making;
- Mechanisms to protect privacy; and
- The complainant's right to complain to an external body such as the Aged Care Quality and Safety Commission or the NDIS Quality and Safeguards Commission.

Where appropriate and depending on the severity of the complaint, check who the complainant would prefer to have as their main Samarinda contact regarding the complaint. This main contact is responsible for keeping the complainant informed about the status of the complaint at all stages.

The complaint is forwarded to the Quality, Learning and Development Coordinator who will enter it in the complaints and feedback register.

2. Assessment.

The Quality, Learning and Development Coordinator will assess whether the complaint needs to be escalated and if so will forward the complaint to the relevant person / department with 48 hours.



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Complaints against Samarinda staff are managed as per the Employee Grievance Resolution Procedure.

3. Investigation.

Natural justice (procedural fairness) will be applied when planning and making decisions on the investigation. Where a complaint has been made against a member of staff, they will be informed and appropriately supported throughout the investigation process.

An investigator will be appointed to gather information and coordinate the complaint. If a meeting/s is required, confirm it will be held in a safe environment that will be determined by the complainant and at a time that is mutually suitable.

The complainant's consent may be required in order to undertake a thorough investigation. This must be obtained before disclosing any personal information (including both health and sensitive information) as part of the complaint resolution and response. Where required, the provision or refusal of consent must be formally documented.

The investigator will keep accurate records of all actions undertaken in investigating and resolving the complaint.

Where an allegation arises from a complaint that will require notification to other agencies such as Police, the complainant should be told about the limitations of consent and that information may have to be provided to that agency. The investigator will notify the appropriate manager of the need to make a notification to an agency. The investigator will ensure any mandatory reports or other legal obligations under Australian Law are carried out in a timely fashion including ensuring that reportable incidents will be reported to the NDIS Commission within the required timeframe using the Notifying Reportable Incidents Procedure.

The investigator or Samarinda contact person nominated by the complainant will update the complainant on the investigation process and outcome of the investigation.

The investigation and resolution of a complaint should be completed wherever practical within 28 days of receipt.

4. Response and resolution.

The investigator will prepare a report / response to the complainant's feedback based on the results of the investigation with an explanation of the circumstances contributing to the dissatisfaction including an apology for the complainant's experience (where applicable).

They will determine if the complainant is satisfied and provide the complainant with options for reviewing the decision. Should the complaint not be resolved to the complainant's satisfaction, they will be provided with information of how to further escalate the complaint should they wish.

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5. Implementation.

The Quality Risk Strategy department will determine (in consultation with staff and line supervisors where relevant) what preventative actions should occur and identify opportunities for continuous improvements in response to the complaints. This will include considering whether there are systemic issues that need addressing. Before closing out a complaint, the Quality Risk Strategy department or their delegate should seek some feedback from the complainant about the effectiveness of the complaints system.

On the third week of the month the Quality, Learning and Development Coordinator will forward to relevant Executives a summary of 'Open' complaints on the register and seek a response detailing actions taken to resolve the complaint. The relevant Executive is to provide a response within 10 days. The Quality, Learning and Development Coordinator is then responsible for updating the register and keeping it up to date.

The Quality, Risk and Strategy department will:

- Record the details of any improvements stemming from the feedback or suggestion in the Continuous Improvement register; and
- File all documents including the complaint forms, emails, letters and notes under the complaint. Access to these documents will be restricted.

4.5 Anonymous, Confidential and Whistleblower Complaints

Complainants may elect to provide anonymous (unable to be identified) or confidential (only identified by receiver of complaint) feedback or use the Whistleblower process (when there is a belief that there are unlawful practices occurring). Samarinda supports the right to provide complaints anonymously and for identification to be withheld on request.

Where a complaint is anonymous, a full investigation may not be possible due to lack of information. This must be relayed to the complainant if they are in contact with Samarinda staff.

Recording of formal anonymous or confidential complaints are managed by the Quality Risk Strategy department. As with all feedback, anonymous or confidential complaints may be used locally for purposes such as staff education and awareness of the client experience or for highlighting opportunities for quality improvement activities.

4.6 Withdrawal of a Complaint

A complainant may withdraw their complaint at any stage. Withdrawal of a formal complaint may be done in writing or verbally. Samarinda may continue to use feedback to improve systems and processes.

4.7 Complaints Forwarded by an External Agency

The processes for notification, escalation and closure of complaints forwarded by an external

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agency are managed by the Quality Risk & Strategy Manager under the direction of the CEO.

4.8 Reporting and Performance

4.8.1 Internal reporting

Feedback trends, themes, numbers and closure rates are reported through various internal meetings including:

- Client and stakeholder feedback is reported monthly to the Clinical Governance sub-committee and the Community Services sub-committee.
- QPS surveys are reported annually to the Clinical Governance sub-committee.
- QPS quarterly customer complaint reports are reported to the Clinical Governance sub-committee.

The complaint system will be reviewed annually to ensure it is effective. Feedback on the effectiveness of the complaint system will be collected from complainants once the complaint is closed out. In addition, questions around effectiveness of the system will be included in the Complaints and Feedback Analysis Audit.

5. Custodian

Quality Risk and Strategy Manager.

6. Related Documents

Client Feedback Management Policy
Employee Grievance Policy
Whistleblower Policy
Notifying Reportable Incidents Procedure
Residential Services Handbook
Client Handbook

Aged Care Quality Standard 6 Feedback and Complaints

NDIS Practice Standards:

C2.3 Quality Management

C2.5 Feedback and Complaints Management

7. References

NDIS Quality and Safeguards Commission. 2020, *Practice Standards and Quality Indicators 2020*. Last viewed 5th October 2020,

<https://www.ndiscommission.gov.au/sites/default/files/documents/2019-12/ndis-practice-standards-and-quality-indicators.pdf>

Victorian Public Sector Commission. 2015, *Code of Conduct*. Last viewed 18th November 2020, <https://www.ombudsman.vic.gov.au/about-us/mission-and-values/our-code-of-conduct/>